

42 CFR  
441.30

OPTOMETRIST SERVICES

LIMITATIONS

The following services are excluded from coverage as Medicaid benefits:

1. Vision training;
2. Pathology services, as specified in the optometry license;
3. Separate charges for fitting, measurement of facial characteristics, writing the prescription or order, and final adjustments or office calls, when providing eyeglasses or contact lenses.
4. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
  - a. that the proposed services are medically appropriate; and
  - b. that the proposed services are more cost effective than alternative services.

---

TN No. 98-003  
Supersedes  
TN No. 89-23

Approval Date 08/23/99

Effective Date 01/01/98

42 CFR  
440.60

SERVICES PROVIDED BY LICENSED CHIROPRACTORS

LIMITATIONS

1. Services provided by licensed chiropractors are limited to treatment of the spine by means of manual manipulation, which includes X-rays of the spine. Services not related to spinal manipulation are not a benefit.
2. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
  - a. that the proposed services are medically appropriate; and
  - b. that the proposed services are more cost effective than alternative services.

---

TN No. 48-003  
Supersedes  
TN No. 93-34

Approval Date 08/23/99

Effective Date 01/01/98

42 CFR  
440.60

SERVICES PROVIDED BY LICENSED PRACTITIONERS - PSYCHOLOGISTS

LIMITATIONS

Services provided by licensed independent psychologists are limited to:

1. Psychological evaluation and testing for Medicaid eligibles who:
  - a. exhibit mental retardation, developmental disability, or related conditions; or
  - b. are victims of sexual abuse as documented in a report to the Department of Social Services; or
  - c. are eligible for EPSDT services.
2. Individual and group therapy for Medicaid eligibles who:
  - a. are victims of sexual abuse as documented in a report to the Department of Social Services; or
  - b. are eligible for EPSDT services.
3. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
  - a. that the proposed services are medically appropriate; and
  - b. that the proposed services are more cost effective than alternate services.

---

TN No. 98-003  
Supersedes  
TN No. 89-23

Approval Date 08/23/99

Effective Date 01/01/98

42 CFR  
440.70

HOME HEALTH SERVICES

Home Health Services are part-time intermittent health care services, based on medical necessity, provided to homebound or semi-homebound persons in their p alternative to institutional care provided by a public or private S home health agency. Home Health order and plan of care.

↑  
*Home Health Services  
may not be limited  
to homebound patients.*

Two Levels of Home Health Service specific code.

- I. Skilled Home Home Care include the State Nurse Practice Act; medical supplies, equipment an the home.

Physical therapy and speech se service under the skilled leve services are specified as cove service must be provided by qu through employment or contractual arrangements made by the Home Health Agency.

II. Supportive, Maintenance Home Health Care

Recipients served in their place of residence through a long term maintenance program are those who are not homebound, who have a medical condition which has stabilized, but who demonstrate continuing health problems requiring minimal assistance, observation, teaching or follow-up. This assistance can be provided by a certified home health agency through the knowledge and skill of a licensed practical nurse (LPN) or a home health aide under specific written instructions and periodic supervision by a registered nurse. Supportive, maintenance home health care is based on physician order and plan of care.

LIMITATIONS

The following services are excluded from coverage:

1. Home Health Service which is not ordered and directed by a physician, written in an approved plan of care, and reviewed and recertified by the patient's physician every two calendar months, a time limitation not to exceed 60 days.
2. Home Health Service which is not provided or supervised by a registered nurse employed by a home health agency and provided by the appropriate professional in the patient's permanent place of residence.
3. Home Health Service provided to a patient capable of self-care.
4. Housekeeping or homemaking services.
5. Occupational therapy.
6. Physical therapy and/or speech pathology services not included in the plan of care and/or provided by a qualified licensed therapist.
7. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
  - a. that the proposed services are medically appropriate; and
  - b. that the proposed services are more cost effective than alternative services.

---

TN No. 98-003  
Supersedes  
TN No. 89-23

Approval Date 08/23/99

Effective Date 01/01/98

42 CFR  
440.70

HOME HEALTH SERVICES - HOME HEALTH AIDE

LIMITATIONS

1. Home health aide services must be provided by a Home Health Agency through an established plan of care.
2. Home health aide services must be provided under specific written instruction and supervised by a registered nurse.
3. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
  - a. that the proposed services are medically appropriate; and
  - b. that the proposed services are more cost effective than alternative services.

---

TN No. 98-003  
Supersedes  
TN No. 89-23

Approval Date 08/23/99

Effective Date 01/01/98

42 CFR  
440.70

HOME HEALTH SERVICES - MEDICAL SUPPLIES, EQUIPMENT, AND APPLIANCES

LIMITATIONS

Supplies, equipment (durable or disposable, and appliances are provided to Medicaid recipients who reside at home. Services are provided in accordance with 42 CFR 440.70(b)(3) and with established Medicaid policy covering medical supplies.

The following items are excluded from coverage as benefits of the Medicaid program:

1. First aid supplies other than those used for post surgical need, accidents, decubitus treatment, and long term dressing.
2. Surgical stockings if ordered by a non-physician.
3. Syringes in excess of 100 per month.
4. Beds, when the recipient is not bed confined.
5. Variable height beds.
6. Two oxygen systems, unless the physician has specifically ordered portable oxygen for travel to practitioners.
7. Oxygen systems provided more frequently than monthly.
8. Spring-loaded traction equipment.
9. Wheelchairs, unless the recipient would be bed or chair confined without the equipment.

Wheelchairs, attachments, and other adaptive equipment for addition to wheelchairs, require prior authorization and review. Physician order and documentation must show that established criteria have been met, documenting the medical need for use of a wheelchair to promote maximum reduction of physical disability and support of the patient at the best functional level.

10. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
  - a. that the proposed services are medically appropriate; and
  - b. that the proposed services are more cost effective than alternative services.

---

TN No. 98 003  
Supersedes  
TN No. 93 36

Approval Date 08/23/99

Effective Date 01/01/98

42 CFR  
440.70

HOME HEALTH SERVICES - PHYSICAL THERAPY SERVICE

LIMITATIONS

1. Physical therapy and/or physical medicine service provided by a home health agency must be prescribed by a physician and included in the plan of care. Physical therapy services are limited to those provided by a qualified, licensed physical therapist and must follow all regulations governing physical therapy service.
2. Treatment must follow a written plan of care, and there must be an expectation that the patient's medical condition under treatment, will improve in a predictable period of time.
3. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
  - a. that the proposed services are medically appropriate; and
  - b. that the proposed services are more cost effective than alternative services.

---

TN No. 98-003  
Supersedes  
TN No. 89-23

Approval Date 08/23/99

Effective Date 01/01/98



42 CFR  
440.70

HOME HEALTH SERVICES - SPEECH PATHOLOGY SERVICE

LIMITATIONS

1. Speech pathology service provided by a home health agency must be prescribed by a physician and included in the plan of care. Speech pathology services are limited to those provided by a qualified, licensed speech therapist, and must follow all regulations governing speech pathology services.
2. Treatment must follow a written plan of care, and there must be an expectation that the patient's medical condition under treatment, will improve in a predictable period of time.
3. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
  - a. that the proposed services are medically appropriate; and
  - b. that the proposed services are more cost effective than alternative services.

---

TN No. 98-003  
Supersedes  
TN No. 89-23

Approval Date 08/23/99

Effective Date 01/01/98

42 CFR  
440.80

PRIVATE DUTY NURSING

LIMITATIONS

1. Private duty nursing services will be provided:
  - a. to ventilator-dependent individuals who meet established criteria; and
  - b. in the individual's home, in order to prevent prolonged institutionalization. The service will be based on physician order and a written plan of care specific to needs of the individual, reviewed and recertified every 60 days; and
  - c. for a period of time essential to meet medically necessary care needs and develop confidence in family caregivers. Private duty service needs are expected to decrease over time.
2. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
  - a. that the proposed services are medically appropriate; and
  - b. that the proposed services are more cost effective than alternative services.

---

TN No. 48 003  
Supersedes  
TN No. 43-014

Approval Date 08/23/99

Effective Date 01/01/98